

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/28/2010  
FORM APPROVED  
OMB NO. 0938-0391

45th 2/12/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445260	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  10/27/2010
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIARCLIFF HEALTH CARE CENTER

100 ELMHURST DR  
OAK RIDGE, TN 37830

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000		
K 045 SS=D	<p>42 CFR 483.70(a) K3 BUILDING: 1-story Type V(111), unprotected, non-combustible construction with a complete automatic sprinkler system. K6 PLAN APPROVAL: 1989 K7 SURVEY UNDER: 2000 EXISTING K8 120-bed SNF/NF NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure two (2) of seven (7) outside exits were lighted with multiple bulbs or fixtures. The findings include: Observation and interview with the Maintenance Director, on on October 27, 2010 at 10:40 a.m confirmed the outside light outside the exits from the east and west day rooms had single bulb fixtures.</p>	K 045	<p>K-045</p> <p>The lights located at exit discharge areas lighted with single fixture light bulbs will be replaced with multiple bulb fixtures.</p> <p>The director of maintenance checked all other area and no other lights requiring multiple bulb fixtures were identified.</p> <p>The Director of maintenance will make routine weekly safety rounds to ensure that single bulb failure of any lighting will not leave the area in darkness and document any adverse findings.</p> <p>The corrective action will be monitored each month for three months in the Continuous Quality Improvement meeting comprised of the DON, ADON, Risk Manager, Medical Director, and/or Administrator for Quality Assurance.</p>	12-12-10
K 072 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p>	K 072	<p>K-072</p> <p>Means of egress are continuously maintained free of all obstructions on impediments to full instant use in the case of fire or other emergency.</p> <p>The facility corridors throughout the facility will be free from storage or objects not in use.</p> <p>The Director of Maintenance will perform random audits of this regulation to ensure proper compliance.</p>	12-12-10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  BRIARCLIFF HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 ELMHURST DR OAK RIDGE, TN 37830		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 072	Continued From page 1	K 072	The corrective action will be monitored each month for three months in the Continuous Quality Improvement meeting comprised of the DON, ADON, Risk Manager, Medical Director, and/or Administrator for Quality Assurance.		
K 073 SS=F	<p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the corridors in the means of egress were maintained clear of all obstructions (NFPA 101- 7.1.10.2.1.) The findings include: Observation and interview with the Maintenance Director, on October 26, 2010 at 10:50 a.m. confirmed lifts were left in the corridors plugged in to maintain their charge by rooms 202, 208, 404, 505, and 511. A gerri chair was in the corridor by room 404.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4</p> <p>This STANDARD is not met as evidenced by: Based on staff interviews, the facility failed to assure combustible decorations were fire retardant (NFPA 110, 19.7.5.4). The findings include: Interview with the Maintenance Director and housekeeping Supervisor, on October 26, 2010 at 10:50 a.m., confirmed the facility failed to treat holiday decorations with a fire retardant and could not provide documentation to verify that decorations in the corridors and common areas were treated with fire retardant material.</p>	K 073	<p>K-073</p> <p>All combustible decorations were removed and properly stored.</p> <p>The Director of Maintenance checked all areas and no other untreated decorations were identified.</p> <p>All decorations and furnishings will be properly treated and labeled. All Department managers were re-educated regarding the proper procedure for treating combustible material.</p> <p>Documentation regarding the treatment of decorations and furnishings will be maintained by the Maintenance Director.</p>	12-12-10	